

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and a sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "Expandable Transluminal Graft Prosthesis for Repair of Aneurysm and Method for Implanting," the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

None

I hereby claim the benefit under Title 35, United States Code, 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial No. 07/782,696	Filed October 25, 1991
Serial No. 07/868,792	Filed April 15, 1992

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint, Richard J. Godlewski, Reg. No. 30,056, my attorney, with full power of substitution and revocation, to prosecute said application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

It is respectfully requested that all written communications from the Patent and Trademark Office in connection with this application be addressed to:

Richard J. Godlewski
Patent Attorney
P.O. Box 2256
West Lafayette, IN 47906
Phone: (317) 463-7537

1-00 Full name of
sole inventor Timothy A. Chuter

Inventor's
Signature _____ Date _____

Residence Pittsford, Monroe County, New York

Citizenship United Kingdom (England)

Post Office
Address 69A Main Street
Pittsford, New York 14534